

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**MAY 15 '36**

**13902**

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
 Township Kirkville Primary Registration District No. 3001  
 City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 86

**2. FULL NAME** Emma Mary Beardsley Bowcock

(a) Residence, No. Kirkville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bowcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

<u>82</u>	<u>8</u>	<u>11</u>	
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schenectady New York

13. NAME William V. Beardsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Stator

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James Bowcock (ADDRESS) Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 4-13-36

19. UNDERTAKER Deebley (ADDRESS) Kirkville Mo

20. FILED April 17, 1936 Spencer Freeman Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from home, 1926, to Apr 11, 1936  
 I last saw her alive on Apr 11, 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
apoplexy  
 Other contributory causes of importance: 82

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury 4-11-36  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) L. J. Connor, M. D.  
 (Address) Kirkville Mo

